

# **CORE COMPETENCIES FOR THE EVALUATION, SCREENING, AND TREATMENT OF OPIOID PRESCRIPTION DRUG USE AND MISUSE**

The following cross-institutional core competencies are framed from the perspective of an encounter with a patient who typically presents with pain and/or other medical symptoms for which a prescription opioid may be indicated. The goal of the stated core competencies is to ensure sound opioid prescribing by all prescribers regardless of level of training or education. The following competencies are not intended to be wholly exclusive but should be applied broadly to direct care specialties who may prescribe opioid medications to enhance a resident's ability to prevent prescription opioid drug misuse.

## **Preventing Prescription Drug Misuse: *Through Appropriate Screening, Evaluation, and Prevention***

1. Evaluate a patient's pain using age, gender, and culturally appropriate evidence-based methodologies.
2. Evaluate a patient's risk for substance use disorders by using age, gender, and culturally appropriate evidence-based communication skills and assessment methodologies, supplemented with relevant available patient information, including but not limited to health records, family history, prescription dispensing records (e.g. the Prescription Drug Monitoring Program or "PMP"), drug urine screenings, and screenings for commonly co-occurring psychiatric disorders (especially depression, anxiety disorders, and PTSD) and suicide risk screenings.
3. Identify and describe potential pharmacological and non-pharmacological treatment options including opioid and non-opioid pharmacological treatments (including the use of a non-opioid directive for all current and future treatment options) for acute and chronic pain management, along with patient communication and education regarding the risks and benefits associated with each of these available treatment options.
4. If non opioid alternatives are not appropriate as the sole treatment option and schedule II narcotics are clinically warranted, discuss the options of requesting a partial fill with the patient.

## **Treating Patients At-Risk for Substance Use Disorders: *Engage Patients in Safe, Informed, and Patient-Centered Treatment Planning***

5. Describe evidence based treatment options, including medication-assisted treatment, and demonstrate the ability to appropriately refer patients to addiction medicine specialists and treatment programs for both relapse prevention and co-occurring psychiatric disorders.
6. Prepare evidence-based and patient-centered pain management and substance use disorder treatment plans for patients with acute and chronic pain with special attention to safe prescribing and recognizing patients displaying signs of aberrant prescription use behaviors.
7. Demonstrate the foundational skills in patient-centered counselling and behavior change in the context of a patient encounter, consistent with evidence-based techniques.
8. Offer strategies to optimize safety such as designated driving, overdose prevention, and needle syringe access for people who use substances.
9. Utilize appropriate internal resources, coordinating appropriate treatment referral and discharge planning based on the individual patient need.

## **Managing Substance Use Disorders as a Chronic Disease: *Eliminate Stigma and Build Awareness of Social Determinants***

10. Recognize the risk factors for, and signs of, opioid and polysubstance overdose, intoxication, and withdrawal, refer the patient for an appropriate substance abuse evaluation, and educate patient and social networks in overdose prevention and the availability and correct use of naloxone rescue.
11. Recognize substance use disorders as a chronic disease by effectively applying a chronic disease model in the ongoing assessment and management of the patient.
12. Recognize their own and societal stigmatization and biases against individuals with substance use disorders and associated evidence-based medication-assisted treatment.
13. Identify and incorporate relevant data regarding social determinants of health into treatment planning for substance use disorders.